

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37822

State File No.

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. <u>227</u> | | PRIMARY REG. DIST. NO. <u>4339</u> | | Registrar's No. <u>57</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>MONROE</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARIS</u> | | c. LENGTH OF STAY (In this place) <u>18 YRS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARIS</u> | | <u>0698</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. MAIN ST</u> | | | | d. STREET ADDRESS (If rural, give location) <u>S. MAIN ST.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HATTIE</u> b. (Middle) <u>REBECCA</u> c. (Last) <u>SIMON</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 2, 1950.</u> | | | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>SEP. 12 1878</u> | |
| 9. AGE (In years last birthday) <u>72</u> | | 10. MONTHS <u>2</u> | | 11. DAYS <u>20</u> | | 12. IF UNDER 14 HRS. Hours Min. <u>20</u> <u>Min.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u> | | 11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | | | | | | |
| 13a. FATHER'S NAME <u>JANNA BOUNDS</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>KIZZIE SMITH</u> | | 14. NAME OF HUSBAND OR WIFE <u>ED SIMON</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | | | 16. SOCIAL SECURITY NO. <u>✓</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>ED SIMON</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> 33-2-X | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2</u> <u>W/L</u> | | | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>12-1-50</u> , to <u>12-2-50</u> , that I last saw the deceased alive on <u>12-1-50</u> , and that death occurred at <u>6:45</u> a.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>M. M. T. K. P. M.D.</u> | | | | 23b. ADDRESS <u>PARIS, Mo.</u> | | 23c. DATE SIGNED <u>12-2-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>12-3-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u> | | 24d. LOCATION (City, town, or county) (State) <u>PARIS Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>12-2-50</u> | | REGISTRAR'S SIGNATURE <u>J. A. Barnett, M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Speed & Blakey PARIS, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

Date Received: DEC 11 1950
DISTRICT HEALTH OFFICE #2
District File Number 12-50-209
Date Filed: DEC 11 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No. 4000

P. O. Address. PARIS, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.